

APPLICANT INFORMATION

DOWNTOWN VALET PARKING PERMIT APPLICATION

Community Development Department • 110 E. Main Street, Los Gatos CA 95030 • 408.354.6874

Please see the attached policy for the list of required documents that must accompany this application. The cost of this permit will be equal to the time and materials necessary to process it. A deposit is required at the time of submittal, and the remaining fees will be due once calculated.

Name:	□Business Owner □ Property Owner □Property Manager	
Phone Number:	Email:	
Name of Business requesting Valet:		
Business Address:		
Are there other businesses that reside at this addre	ss and share the parking lot you will be using for valet parking? \Box Yes	□ No
If yes, please list those business names, and atta	ach a letter of support signed by each business owner:	
Do you plan to utilize a private parking lot, other	r than the one associated with the business listed above, for the	
placement and storage of cars? $\ \square$ Yes $\ \square$ No	If yes, please provide the business name and address:	
I certify under penalty of perjury that all applicat	tion information and accompanying materials are true and correct.	
Signature of Applicant:	Date:	
PROPERTY OWNER INFORMATION – IF DIFFERE	NT FROM APPLICANT	
Name:	Phone Number:	
Address:		
Email:		
I hereby certify that I am the owner of record of	the property at:	
	and approve of the action requested for a valet parking permit.	
Signature of Property Owner:	Date:	
VALET PARKING OPERATOR INFORMATION		
Company Name:	Company Contact:	
Address:		
	Email:	
Commercial License Number:		

Please Note:

The information contained in this application is considered part of the public record. Therefore, it will appear in both the public record file for the site address, which is available upon request, and on the permitting system on the official Town of Los Gatos website at www.losgatosca.gov